2501 East Sahara Avenue, Suite 102 * **Las Vegas**, NV 89104-4137 * (702) 486-4033 e-mail: realest@red.state.nv.us http://www.red.state.nv.us

ENERGY AUDITOR CHECKLIST AND APPLICATION

The filing of this application <u>does not</u> authorize the applicant to conduct any activity for which a license is required. Prior to submitting this application, be sure each question has been completely, thoroughly, and honestly answered. This application must be signed and notarized. Fees are non-refundable.

<u>APPLICATION:</u> Residents and non-residents 18 years or older, may apply with a complete application <u>Form 663</u> . Attach the documents listed below and a fee of \$350.00.
FINGERPRINT CARDS: Attach to your application:
◆ <u>TWO</u> complete fingerprint cards, along with a \$38.25 cashier check or money order made payable to the <i>Department of Public Safety</i> . Personal checks, company checks, or cash will not be accepted. <u>OR</u>
♦ A verification of fingerprints taken electronically issued by an approved vendor. See Form 619 for a list of vendors, fees, and their addresses.
RECORDS : Complete and submit the Location of Records Form 664.
NON-US CITIZENS : Provide proof of eligibility to work. Copies maybe enlarged.
TRAINING AND EXPERIENCE: Provide a copy of the certificate issued for certification or accreditation by an organization approved by the Administrator. Provide proof of not less than 40 hours of training.
INSURANCE: Proof of insurance: \$100,000 Errors and Omissions and \$100,000 General Liability in the name of the applicant, the applicant's business entity, or the applicant's employer. The insurance documents must include the name of the applicant as being covered under the policy.
<u>CIVIL APPLICANT WAIVER:</u> Complete the Nevada Department of Public Safety waiver form attached to this application.

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ENERGY AUDITOR ORIGINAL LICENSING APPLICATION

Type or print carefully. This application is to be completed personally by the candidate. **Application fee** \$350.00 accepted in cash, check or money order. Checks are made payable to the Nevada Real Estate Division. Cash must be received in exact amount.

*Only information deemed by law to be confidential shall be confidential (SSN, background investigation results). Most information provided by an applicant for licensure is public information and must be provided upon request. By policy, the Real Estate Division shall post (via the web site) and sell licensee lists which include the licensee's name, business address (even if same as home address), and business telephone number.

1. Nevada Resident: 656)	Yes No ("No", must provide	Form 2. US Citizen: Yes eligibility to work.)	No ("No", mu	st provide proof of		
3. PERSONAL INFORM	MATION	Date:				
Name						
	First Name Middle Name or initial Last Name					
Home Address*:						
	Number and Street	City	State	Zip Code		
Mailing Address:						
	Number and Street	City	State	Zip Code		
Home Phone Date of Birth*		Social Security Number*	E-mail address*			
4. BUSINESS INFORM	ATION: If a corporation or fictition	ous name is registered, please attach	a copy of the regis	stration or filing		
		ous name is registered, please attach t the address of the principle office b				
with the Secretary of State	e or County Clerk office. Please list	t the address of the principle office b	pelow if different fr			
with the Secretary of State	e or County Clerk office. Please list		pelow if different fr			
with the Secretary of State Name of Business (if app	e or County Clerk office. Please list	t the address of the principle office b	pelow if different fr			
with the Secretary of State Name of Business (if app	e or County Clerk office. Please list licable): Number and Street	t the address of the principle office b	State	zom home address. Zip Code		
with the Secretary of State Name of Business (if app Location	e or County Clerk office. Please list licable):	t the address of the principle office by City City	State State	Zip Code Zip Code		
with the Secretary of State Name of Business (if app Location	e or County Clerk office. Please list licable): Number and Street	t the address of the principle office b	State State	Zip Code Zip Code		
with the Secretary of State Name of Business (if app Location Mailing Address	e or County Clerk office. Please list licable): Number and Street	t the address of the principle office by City City	State State	Zip Code Zip Code		
with the Secretary of State Name of Business (if app Location Mailing Address County:	e or County Clerk office. Please list licable): Number and Street Number and Street	t the address of the principle office by City City	State State	Zip Code Zip Code		
with the Secretary of State Name of Business (if app Location Mailing Address County:	e or County Clerk office. Please list licable): Number and Street Number and Street	City City Business Telephone Number:	State State	Zip Code Zip Code		
with the Secretary of State Name of Business (if app Location Mailing Address County: DIVISION USE OF Credential number:	e or County Clerk office. Please list licable): Number and Street Number and Street	City City Business Telephone Number:	State State Processor Initials:	Zip Code Zip Code		

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	OCCUPATION: List employers, past and present, for five years preceding date of application. Attach additional list if necessary. If unemployed, please indicate as such and dates.						
8	a.	Occupation/Position					
		Employer/Supervisor				Phone	
		Address					
			Number and Street		City	State	Zip Code
		Employed from		to			
			Month/Year		Мог	ıth/Year	
1	b.	Occupation/Position					
		Employer/Supervisor				Phone	
		Address					
			Number and Street		City	State	Zip Code
		Employed from	to	. <u></u>			
			Month/Year		Month/	Year	
•	с.	Occupation/Position					
		Employer/Supervisor				Phone	
		Address					
			Number and Street		City	State	Zip Code
		Employed from	to				_
			Month/Year		Month	Year	
Please	indi	upport Declaration NRS 4 cate in the appropriate bo will be denied if you do no	x below which one of the provis	ions apply	to you. Your	application for th	ne issuance of
PLE	ASE	CHECK ONE BOX:					
	I am	n <u>not</u> subject to a court order	r for the support of a child.				
	I <u>am</u> subject to a court order for the support of one or more children and AM IN COMPLIANCE with that order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed in that order.						
	I <u>am</u> subject to a court order for the support of one or more children and NOT IN COMPLIANCE with that order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed in that order.						

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7. **PERSONAL BACKGROUND:** If you answer "yes" to the questions below, give full details, including the administrative agency, court, title of proceeding, disposition, and any other pertinent information on an attached sheet. Attach order of the court or agency which was rendered as a result of the proceedings and a detailed written explanation. Both fingerprint cards are submitted for a State and Federal background investigation. YES NO Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative a. proceeding regarding any professional or occupational license? Has any license issued to you or any partnership or corporation of which you were a member or officer by any public authority b. been suspended or revoked? Has an application for any type of license been denied? c. Has a surety company declined to be surety on any bond written on you in the two years prior to the date of the application? d. \Box Have you ever filed bankruptcy or has bankruptcy been filed against you? If filed within 7 years from the date of this application, please provide a copy of the discharge. Date of discharge____ f. Have you ever been charged with or arrested for a felony, gross misdemeanor, or misdemeanor? Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor? g. h. Have you ever received an executive pardon? П Are you presently on parole or probation or paying any restitution? i. П Have you ever been permitted to change your plea of guilty or had a criminal conviction reversed, or had a judgment or verdict j. vacated? Have you ever been convicted of, or are you under indictment for or have you entered a plea of guilty or nolo contendere to k. forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to defraud or any crime involving moral turpitude? 8. DECLARATION OF APPLICANT: I, here by certify under the penalty of perjury that the answers contained in this application are true and correct; and I understand: ◆ That if I am subject to a court order for support of one or more children and I am not in compliance with that order or plan, my application for a certificate or renewal of a certificate will be denied. ♦ That I will faithfully comply with all the statutes and regulations pertaining to the conduct of the Licensed Energy Auditor in the State of Nevada. ◆ That by signing this application, I authorize any person or institution to which reference is made by me, in connection with the application, to release or divulge to the Nevada Real Estate Division any information in the possession of such person or institution regarding me. Signature of Applicant County _____ This instrument was acknowledged before me on (date) ______ by ___ (Print applicant's name) SEAL Signature of Notary Public

REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE Pursuant to NRS 645D

All applicants MUST complete this section. Please select ONE option.

I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.
My Nevada business license number is:
I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.
I do NOT have a Nevada business license number.
The Real Estate Division is not the arbiter of determining whether the applicant needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: http://nvsos.gov/



CIVIL APPLICANT WAIVER

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

- 1. You must be notified by (enter name of submitting agency) Nevada Real Estate Division (NRED) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
- 2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge that accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 – Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2. 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

- 3. Based on 28CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- 4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
- 5. I hereby authorize (enter name of the requesting agency) Nevada Real Estate Division (NRED), to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
 - In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:			
	(PLEASE PRINT	LAST, FIRST, MIDDLE)	
Address:	·		
Applicant's Signature:			
Date:	_		
Submitting Agency: Ne	evada Real Estate	Division (NRED)	
Address: 2501 E. Sah	ara, Suite 102, La	s Vegas, NV 89104	
Agency representative:			
	(PLEASE PRINT	LAST, FIRST, MIDDLE)	
Agency representative	s Signature:		
Date:	_		